

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To

GRADUAL TAYLOR

Street, Apt. No.,
or PO Box No.

874 North Bend Blvd

City, State, Zip+4

Chgo IL 60644

45224

7001 0752 8000 8469 2228

7001 0752 8000 8469 2228



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